

If there has been a change in your business and you have **not yet notified this Board**, please complete the applicable parts of this form and send it to us with your return.

Use of this form will aid in the processing of your changes.

If you have general tax questions, please contact our Information Center at 1-800-400-7115.

TAXPAYER ACCOUNT NO. (Example — SR KHE 99-123456)

Is Your Business:

☐ Full Time ☐ Part Time

Has Your Business Been:

☐ Sold ☐ Discontinued ☐ Incorporated

☐ Partner Added or Dropped

☐ Other (Explain)

Date Changed

Changes to Your Account

OWNER NAME CHANGE	DATE CHANGED
<input type="checkbox"/> Yes <input type="checkbox"/> No	
NEW OWNER NAME	TELEPHONE
	(
BUSINESS ADDRESS CHANGE	DATE CHANGED
<input type="checkbox"/> Yes <input type="checkbox"/> No	
NEW LOCATION OF BUSINESS (do not use a post office box for location of business)	

MAILING ADDRESS CHANGE	DATE CHANGED
<input type="checkbox"/> Yes No	
NEW MAILING ADDRESS (If different from business location)	
BUSINESS NAME CHANGE — (DBA)	DATE CHANGED
<input type="checkbox"/> Yes <input type="checkbox"/> No	
NEW NAME OF BUSINESS	
SIGNATURE	DATE

PRINT NAME OF SIGNATORY	TELEPHONE
	()

CLAIM FOR REFUND OR CREDIT
(please see tax return instructions)

NAME OF TAXPAYER(S)

TAXPAYER ACCOUNT NUMBER

GENERAL PARTNER *(if applicable)*

Pursuant to:

Chapter 7, Article 1, of the California Sales and Use Tax Law and, where applicable, Uniform Local Sales and Use Tax Ordinances and the Transit District Transaction (sales) and Use Tax Ordinances, or

The undersigned hereby makes claim for refund or credit of \$ _____, or such other amounts as may be established in tax, interest and penalty in connection with:

- ☐ Return(s) filed for the period _____ to _____
- ☐ Determination(s) dated _____
- ☐ and paid \$ _____
- ☐ Other *(describe fully)* _____

The overpayment described above was caused by

SIGNATURE _____ DATE _____

PRINT NAME OF SIGNATORY _____ TELEPHONE _____
(_____)